1296787

## **FORM D**



#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average b	urden					
hours per response						

SEC USE ONLY									
Prefix			Serial						
	-	1							
	DATI	RECEIVE	)						
		1							

Name of Offering ([ ] check if this is an amendment and name has changed, and indicate change.) International Business Corporation Shares	
Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X] Rule 506 [ ] Section 4(6) [ ] ULC Type of Filing: [X] New Filing [ ] Amendment	DE THE RESERVE OF THE PROPERTY
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	04037128
Name of Issuer ([]] check if this is an amendment and name has changed, and indicate change.) Whitebox Intermarket Fund, Ltd.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Trident Chambers, P.O. Box 146, Waterfront Drive, Wickhams Cay, Road Town, Tortola, BVI	Telephone Number (Including Area Code) (284) 494-2434
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private Investment Fund	JUL 13 20
Type of Business Organization [ ] corporation [ ] limited partnership, already formed [ X ] other (please specify): British Virgin [ ] business trust [ ] limited partnership, to be formed	Islands International Business Company  THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

[F|N]

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuer.

·						
Check Box(es) that Apply:	[X] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[X] General and/or Managing Partner	
Full Name (Last name first, if Whitebox Intermarket Advi		<del> </del>				
Business or Residence Address 3033 Excelsior Boulevard,			de)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if Redleaf, Andrew J.	ndividual)					
Business or Residence Address 3033 Excelsior Boulevard,			de)	<del> </del>		
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if Wood, Jonathan D.	ndividual)		<del>- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 </del>	<del></del>		
Business or Residence Address 3033 Excelsior Boulevard,	•		de)	<del> u - u - u - u</del>		
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if Harding University, Inc.	ndividual)			<del></del>		<del></del>
Business or Residence Address 600 S. Remington, Searcy,		eet, City, State, Zip Co	de)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)	<del></del>	·····	<del></del>		
Business or Residence Address	(Number and Str	reet, City, State, Zip Co	de)	······································	<del></del>	
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Str	reet, City, State, Zip Co	de)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Str	reet, City, State, Zip Co	de)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Str	eet, City, State, Zip Co	de)			
	(Us	e blank sheet, or copy a	nd use additional copies	of this sheet, a	s necessary.)	<del></del>

				B. INI	FORMAT	ION ABO	OUT OFF	ERING						
1. Has the issuer so	id, or does t	he issuer in	tend to sell,	to non-acc	redited inve	stors in this	s offering?.						Yes [ ]	No [X]
			A	inswer also	in Appendi	ix, Column	2, if filing	under ULO	E.					
2. What is the mini	mum investn	nent that wi	ll be accept	ed from any	individual	?			,			\$	1,000,	*000
*Represents initia	l minimum c	apital contr												
contribution of l													Yes	
3. Does the offering	-	_	_										. [X]	[]
Enter the inform for solicitation of or dealer register associated person	f purchasers red with the S	in connection SEC and/or	on with sale with a state	s of securities or states, l	ies in the of list the name	fering. If a	person to l ker or deal	be listed is a er. If more	an associate than five (	d person or	agent of a	broker		
Full Name (Last nam	ne first, if in	dividual)	<del></del>											
Business or Residence	ce Address (1	Number and	l Street, Cit	y, State, Zi	p Code)	<del></del>	<del></del>							
Name of Associated	Broker or D	ealer								<u>-</u>		<del> </del>		
States in Which Pers (Check "All State	on Listed Ha	as Solicited individual S	or Intends t States)	o Solicit Pu	ırchasers							[	All S	tates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (Last nam		<del> </del>			[]				,					
Business or Residence	ce Address (1	Number and	Street, Cit	y, State, Zi	p Code)			······································				·		
Name of Associated	Broker or D	ealer			<del></del>	··································								
States in Which Pers (Check "All State	on Listed Ha	is Solicited individual S	or Intends t States)	o Solicit Pu	ırchasers							[	All S	tates
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (Last nam	ne first, if inc	dividual)	<del></del>		<del></del>		<del></del>							
Business or Residence	ce Address (1	Number and	Street, Cit	y, State, Zi	p Code)									
Name of Associated	Broker or D	ealer												
States in Which Pers (Check "All State											••••		All S	tates
(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	_ \$	0
	Equity [X] Common [] Preferred	\$_	No Maximum	_ \$	No Maximum
	Convertible Securities (including warrants)	\$_	0	_ \$	0
	Limited Partnership Interests	\$_	00	_ \$	0
	Other (Specify)	\$_	0	_ \$	0
	Total	\$_	No Maximum	_ \$	No Maximum
	Answer also in Appendix, Column 3, if filing under ULOE.	_		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		2	_ \$	950,000
	Non-accredited			\$ _	
	Total (for filings under Rule 504 only)			_ \$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in thi offering. Classify securities by type listed in Part C-Question 1.				Della Assault
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505			_ \$	
	Regulation A			_ \$	· <del></del>
	Rule 504			_ \$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offer Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to fur continue. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of	ure			
	estimate. Transfer Agent's Fees	•	[X]	\$	5,000
	Printing and Engraving Costs		[X]	\$	2,500
	Legal Fees		[X]	\$	50,000
	Accounting Fees		[X]	\$	5,000
	Engineering Fees		[]	\$	
	Sales Commissions (Specify finders' fees separately)		[]	\$	
	Other Expenses (identify) Miscellaneous		[X]	\$	2,500
	Total		(X1	\$	65,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF	INVESTORS	, EXPE	NSES AND	USE (	F PR	OCEEDS			
	b. Enter the difference between the aggregate offering price given in furnished in response to Part C—Question 4-a. This difference is the	"adjusted gross	proceeds t	o the issuer".	•••••					\$885,000**
š.	Indicate below the amount of the adjusted gross proceeds to the iss shown. If the amount for any purpose is sold known, furnish an estim of the payments listed must equal the adjusted gross proceeds to the is	nate and check t	he box to	the left of the	e estima	te. The	total			
	WASH. D.C.						Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees		• • • • • • • • • • • • • • • • • • • •		[]	\$	***	_ [ ]	\$_	0
	Purchase of real estate				[]	\$	0	_ [ ]	\$.	0
	Purchase, rental or leasing and installation of machinery and equi	ipment			[]	\$	0	[]	\$_	0
	Construction or leasing of plant buildings and facilities				[]	\$	0	_[]	\$ _	0
	Acquisition of other businesses (including the value of securities used in exchange for the assets or securities of another issuer pure				[]	\$	0	_ []	\$ _	0
	Repayment of indebtedness		•••••		[]	\$	0	_ []	\$_	00
	Working capital		•••••	•••••	[]	\$	0	_ []	\$_	0
	Other (specify): investment in financial instruments***				_					
					[]	\$	0	[X]	\$.	885,000**
	Column Totals		•••••		[]	\$	0	_ [X]	\$	885,000**
	Total Payments Listed (column totals added)		•••••			[]	\$ 885,000	**/***		Carl 1994 of the Section of the Carl
	***This amount is calculated using the Amount Already Sold, because  ***The issuer will pay the investment manager of the issuer a quarter day each calendar quarter. The investment manager of the issuer of each investor's shares. In addition, the issuer will bear all o expenses, brokerage fees, and other transactional expenses associa	rly management also is entitled of its operating ated with its inv	t fee of 1 to an annuand other estment ac	5% per annur al incentive for expenses, incentivities and it	n of the e from luding b	issuer's each inv out not	net asset valuestor equal to limited to its	20% o organiza	f any ation	"new high" and offering
	D. FEI	DERAL SIG	NATURI	<u> </u>				<del></del>		
an i	issuer has duly caused this notice to be signed by the undersigned duly indertaking by the issuer to furnish to the U.S. Securities and Exchange -accredited investor pursuant to paragraph (b)(2) of Rule 502.	authorized perse Commission, u	on. If thi pon writte	s notice is file en request of i	d under ts staff,	Rule 50 the info	5, the following transition furni	ng signa shed by	ture the is	constitutes suer to any
İssı	er (Print or Type) Whitebox Intermarket Fund, Ltd.	Signature	1	1		Date	Jun	e 28	, 200	4
Naı	ne of Signer (Print or Type) Andrew J. Redleaf	Title of Signer ( Managing M		y <b>b</b> e) Whitebox Inte	rmarket	Adviso	rs, LLC, Mai	ager of	the Is	suer
							•			

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions  Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
The pers	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized ion.
Issu	er (Print or Type)  Whitebox Intermarket Fund, Ltd.  Signature  Date  July 28, 2004

Title of Signer (Print or Type)

Managing Member of Whitebox Intermarket Advisors, LLC, Manager of the Issuer

# Instruction:

Name of Signer (Print or Type) Andrew J. Redleaf

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to non-a	to sell corredited	3 Type of security and aggregate offering price		5 Disqualification under State ULOE (if yes, attach explanation of				
}	investors (Part B	in State	offered in state (Part C-Item 1)			waiver granted) (Part E-Item 1)			
	(rait b	-nem 1)	(Fait C-item 1)	Number of	(Part C-Id	Number of	$\vdash$	(rait L	ritem 1)
State	Van	N/s		Accredited		Non-Accredited	A	Yes	N-
State AL	Yes	No		Investors	Amount	Investors	Amount	168	No
AK				· · · · · · · · · · · · · · · · · · ·	+				<del></del>
AZ					<del>  </del>	<del></del>			<del> </del>
AR	<del></del>	X	No Maximum	ì	500,000	0	0		N/A
CA				·	1			<del></del>	
co									
CT									}
DE									
DC									
FL									
GA									
HI						<del></del>			]
ID									
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IN									
IA									
KS									
KY						<del></del>			
LA									
ME						· · · · · · · · · · · · · · · · · · ·			
MD									
MA									
MI									
MN		Х	No Maximum	1	450,000	0	0		N/A
MS									
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NE						<del></del>			
NV						<del></del>			
NH						<del>, , , , , , , , , , , , , , , , , , , </del>			
NJ				<del> </del>		<del></del>			
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NY						<del></del>			
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ND				<del> </del>		**************************************			
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OK	1					· · · · · · · · · · · · · · · · · · ·		<del> </del>	

#### APPENDIX

			the end of each of the	<u> </u>					
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
OR				[	j		{		
PA					1				
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

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